

TESTIMONY REGARDING RAISED BILL NO. 5425

Dear Committee Members,

My name is Dr. Donn Sottolano. I am the Director of Behavior Services for Area Cooperative Educational Services, referred to by most people as "ACES".

I would like to express my gratitude to you for allowing me this opportunity to express my support of Bill No. 5425. In particular, I would like to offer testimony in support of Section 2 of the Bill referring to the provision of behavior analysis services to students with autism and related disorders. I have never enjoyed the act of public speaking, so let me apologize before hand for any nervousness that you see over the next few minutes. I would like to address 2 points and finally share some examples that hopefully make these points salient.

The fact that I am here speaking to you today, despite my public speaking angst, is testimony to how important and impassioned I feel about the delivery of behavior technology to disabled students, parents, and educators. A great many students with autism are unable to speak for themselves as a result of communication disorders which is one of the three disabling conditions that they live with. Therefore it is incumbent upon us as professionals, parents, and legislators, in the act of speaking for children with autism spectrum disorders, to have a firm grasp and a clear understanding of what 20-plus years of research has demonstrated – applications of behavior technology has shown itself to be the single most effective intervention for improving outcomes for children with autism and related disorders.

Point 1:

Twenty-three years ago ACES invited a 'world renowned' expert in the field of autism and developmental disabilities, Dr. Richard Foxx, to come to CT. and help the agency understand how to better service students with disabilities. Dr. Foxx spent 2-weeks at ACES working in the schools, showing teachers how to reduce behavior problems, teach new behaviors, and structure effective learning environments. At the end of this 2-week period, Dr. Foxx offered the administrators and Peter Young, Executive Director of ACES, what he believed (personal communications), amongst a number of ideas, a linchpin recommendation – hire someone with training and expertise in behavior analysis as part of your staff. Dr. Foxx understood that children with autism and developmental disabilities frequently present with complex learning and behavior issues. The complexity of issues in turn requires that staff be prepared both

conceptually and with sound skills in order to provide an appropriate education. For children with autism and related disorders the appropriate use of evidence-based behavior technologies will provide the best opportunity for successful integration within the family, the school, and the community.

I started with ACES 22-years ago. At that time there was no Behavior Analysis Certification Board (BACB), so I would have been considered as working within my "scope of practice" at that time. With the support of administrators and each of three Executive Directors ACES currently employs 16 Behavior Analysts, 12 of whom are board certified and 4 who are completing their competencies for certification. What has this meant to the students, many of whom are on the autism spectrum, who attend ACES schools, who we go out and work for across many school districts within CT., and finally in the home programs we support? The evidence is clear that the ability of ACES to provide behavior analysis by competently trained professionals and the ability of ACES to train other professionals, para professionals, and parents has dramatically effected growth in skill acquisition and reduction in behavior problems for children with autism and other disabilities.

It is my hope that this committee will follow the same path by supporting Section 2 of Bill 5425 supporting the provision of behavior analysis services by highly qualified professionals. In no other profession within the field of education, e.g., speech language pathology, occupational therapy, social work, nursing, is non qualified persons practice in the absence of training and supervision.

Point 2:

Finally, I would like to briefly describe two examples that speak to the complexity, and significant impact, of the application of behavior technology with children with autism spectrum disorders.

First, is the case of a young girl who was unable to attend her public school without her mother being present. The young girl constantly held onto her mother's arm, leg, and clothing. Her mother could not leave her side. She wore her long brown hair down over her face to avoid seeing or being seen by anyone. This is a young girl who could very easily been sent out of district, perhaps to a residential placement, perhaps out of state. No one could get this young girl to look, interact, touch materials, or speak. It took my behavior analyst and me 18 month's to help her re-enter her special education classroom. By this time she was speaking to others, doing her class work, and her mom was home. What did it take for us to help her? Every speck of behavior analysis that we had ever learned, staff that was willing to learn new strategies

even though many of them seemed counter intuitive, and finally, a school that wanted this to work for the child.

Second, is a case of a young boy, (6 years old) who would run across his living room head first into the wall. He had done this so many times that his skull had a network of hairline fractures. His school behavior was ameliorated, at this time, though the use of a 2:1 staff ratio, the removal of instructions at the first sign of trouble, and a lot of edible treats to keep him happy. After 19-months of behavior intervention (including communication training, academic work, life skills training, and behavior management for self-injury) his head banging has been reduced to near zero levels. His educational program is now housed in an ABA setting where his academic production has been significant and life skills continue to improve, e.g., dining skills and toileting. Although this program started in the home, the school was an essential component in achieving success. In the absence of competent professionals trained in applied behavior analysis this young boy's future would be uncertain at best. Now the parents and school have great expectations for him.

I could go on and on with stories about children with autism and other disabilities who given competent, qualified behavior staff makes strides no one thought possible, but I hope this testimony is sufficient in making the point that competency in applied behavior analysis is critical in the education and treatment of children with autism and other disabilities. The ACES tag line, in our ABA program, seems an appropriate ending for this testimony: "Everything you do matter's", but then I would add if you know what to do it will matter a lot more.

Sincerely,

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